

**CALIFORNIA BEARS OF SAN RAMON**  
**JR COACH - CHEER**

Registration Form  
All information is required to complete registration

\_\_\_\_\_

First Name (as it appears on Birth Certificate)      Last Name      Nick Name

\_\_\_\_\_

Age as of 8/1/08      Date of Birth      Grade, Fall 2008      School, Fall 2008

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Child Resides With: \_\_\_\_\_  
First and Last Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone # \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Alt #: \_\_\_\_\_

Emergency Contact Other than Parent:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_